

POSITION	INITIALS	ID. NO.	DATE
<b>FEE DETERMINATION</b>	<i>D.B.</i>	<i>2000</i>	<i>2-24-00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>SAC</i>	<i>827</i>	<i>5-7-27-00</i>
<b>FORMALITY REVIEW</b>			<i>08-30-00</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>M.H.</i>	<i>625</i>	<i>12-18-00</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
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If more than 150 claims or 10 actions  
staple additional sheet here

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